

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-043128

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 532

VS 300
Rev. 4/59

1 0168
2 0168
3
4 0
5 1
6
7 0
8 1
9 4200
10
11
12 2-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		c. CITY OR TOWN Cape Girardeau	
Length of stay in 1b 68 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 9 North Pacific St.	
3. NAME OF DECEASED (Type or print) First FRED L. Middle FRENZEL Last FRENZEL		4. DATE OF DEATH Month November Day 24 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12.8/1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager, ret.		11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo. U. S.	
13a. FATHER'S NAME Henry Frenzel		14. NAME OF HUSBAND OR WIFE Daisy B. Frenzel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W.I		16. SOCIAL SECURITY NO. 1	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolus with Infarction. DUE TO (b) Arteriosclerotic Heart Disease with Cardiac Failure DUE TO (c) Pericarditis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pulmonary Emphysema		INTERVAL BETWEEN ONSET AND DEATH 4 days 1 year 1 week	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			
20c. TIME OF INJURY Hour 9:25 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year Nov. 22, 1963		20f. CITY, TOWN, OR LOCATION Cape Girardeau, Missouri	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Nov. 22, 1963 to Nov. 24, 1963 and last saw him alive on Nov. 24, 1963 Death occurred at 9:25 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 11-26-63	
22a. SIGNATURE (Degree or title) Edward D. Carfield M.D.		22b. ADDRESS Cape Girardeau, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Nov. 26, 1963	
23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		23d. LOCATION (City, town, or county) (State) Cape Girardeau, Missouri	
24. FUNERAL DIRECTOR Walther's Funeral Home		25. DATE RECD. BY LOCAL REG. 11-26-63	
26. REGISTRAR'S SIGNATURE James Kasten			

USE BLACK INK
OR
TYPEWRITER RIBBON

DEC 18 1963

DEC 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

David C. Leuckel

Licensed Embalmer No.

5085

P. O. Address

Page 11/11/63

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.